

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	A-S	943	3-8-1
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	J	J	1/10/02
2	J	J	1/10/02
3	J	J	1/10/02
4	J	J	1/10/02
5	J	J	1/10/02
6	J	J	1/10/02
7	J	J	1/10/02
8	J	J	1/10/02
9	J	J	1/10/02
10	J	J	1/10/02
11	N	N	1/10/02
12	J	J	1/10/02
13	J	J	1/10/02
14	J	J	1/10/02
15	N	N	1/10/02
16	J	J	1/10/02
17	J	J	1/10/02
18	J	J	1/10/02
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here